

**Oliver Wright & Associates**

PO Box 479 • Lockport, NY 14095  
Phone 833-628-0054 • Website: www.oliverwright.biz

March 16, 2021

KRISTY K PAULY

Omaha NE

Ref #: 322499  
Acct #: 4352371722909539 /  
Settlement Amt: \$594.10  
Creditor: Target VISA

This letter is to serve as our final correspondence for the account mentioned above which has been transferred and assigned to this office. Unfortunately you failed to resolve this matter per your contractual obligation. Several attempts have been made to contact you over the years however, all efforts have been exhausted. At this time, we understand that this may be an issue that has been overlooked in the past.

With our efforts to resolve this matter drawing near a conclusion, we would like to extend you an opportunity to settle this matter with our office for an amount much lesser than the balance owed. At this time we are willing to accept \$594.10 as paid in full for the above reference account. This payment is due in our office no later than 4/9/2021.

Please remit the settlement in full today or contact this office as soon as possible to discuss your options. Failure to do so may result in your account being sent to a 3rd party to continue collection efforts.

Please be advised this notice is from a debt collector and is an attempt to collect a debt. Any information obtained will be for that purpose. Unless you notify this office within 30 days after receiving this notice that you dispute the validity of this debt or any portion thereof, this office will assume the debt is valid.

Sincerely,

David Olsen  
Director of Operations

"This is an attempt to collect a debt. Any information will be used solely for that purpose."

\*\*\* Please detach the lower portion and return with your payment \*\*\* 1405-DN0BWA10-SIF-9/3/20

PO Box 479  
Lockport NY 14095-0479  
ADDRESS SERVICE REQUESTED

March 16, 2021

KRISTY K PAULY  
Omaha NE

Make Checks Payable to: GWA  
Please the Ref # on the check for proper payment application

IF YOU WISH TO PAY BY CREDIT CARD, CHECK ONE AND FILL IN THE INFORMATION BELOW.

<input type="checkbox"/> MASTERCARD	<input checked="" type="checkbox"/> VISA	<input type="checkbox"/> DISCOVER
CARD NUMBER		EXP. DATE
CARD HOLDER NAME		CVV
SIGNATURE		AMOUNT PAID

Ref #: 322499  
Settlement Amt: \$594.10

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